

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>League of Conservation Voters, Inc.</b>		3. FEC Identification Number <b>C</b> <b>C90005786</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036-		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☐ 24-Hour Report  
☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
01		24		2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
02		29		2012

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

12003.91

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Patrick Collins

Patrick Collins

02/29/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee Summit Property Management, LLC		Date MM / DD / YYYY 01 / 24 / 2012	
Mailing Address 500 N. Higgins, #208		Amount 619.35	
City Missoula	State MT	Zip Code 59807	
Purpose of Expenditure Missoula Rent-January 2012		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2219.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Summit Property Management, LLC		Date MM / DD / YYYY 01 / 24 / 2012	
Mailing Address 500 N. Higgins, #208		Amount 1600.00	
City Missoula	State MT	Zip Code 59807	
Purpose of Expenditure Missoula Rent-February 2012		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2219.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee ERCS, LLC		Date MM / DD / YYYY 01 / 26 / 2012	
Mailing Address P.O. Box 21254		Amount 2600.00	
City Billings	State MT	Zip Code 59104	
Purpose of Expenditure Rent-First and Last Month		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4819.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		4819.35	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee Carson Pfingston		Date MM / DD / YYYY 02 / 15 / 2012	
Mailing Address 825N 18th Street		Amount 2592.33	
City Billings	State MT	Zip Code 59101-0330	
Purpose of Expenditure Salary		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7411.68		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Carson Pfingston		Date MM / DD / YYYY 02 / 16 / 2012	
Mailing Address 825N 18th Street		Amount 900.00	
City Billings	State MT	Zip Code 59101-0330	
Purpose of Expenditure Travel Stipend-February 2012		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8311.68		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee CenturyLink		Date MM / DD / YYYY 02 / 17 / 2012	
Mailing Address 70 W. 4th Street, Ste. 11		Amount 1099.90	
City St. Paul	State MN	Zip Code 55102	
Purpose of Expenditure Phone and Internet Set Up		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9411.58		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		4592.23	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 4  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee Carson Pfingston		Date MM / DD / YYYY 02 / 29 / 2012	
Mailing Address 825N 18th Street		Amount 2592.33 <b>Transaction ID : AF988931CFE034D3782B</b>	
City Billings	State MT		
Purpose of Expenditure Salary	Category/ Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Jon Tester		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12003.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	2592.33
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	12003.91